Yakima Health District

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Public Health Control over Cases of Communicable Diseases in Sensitive Settings: Schools, Child Care Facilities, Health Care Providers, and Foodhandlers

Supersedes:

All preceding policies, protocols, or standing orders specifically developed for disease control management of cases of communicable diseases in school children, child care settings, health care providers, and food handlers

Author: Christopher Spitters, MD/MPH Health Officer

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Date Effective:

Signature:

Christopher Spitters, MD/MPH Date

Policy:

Washington statutes and Board of Health rules empower and direct the Health Officer to control the spread of communicable diseases and give priority attention to preventing such transmission in institutional and food service settings.

Standing Order:

Use the table on the following page to implement exclusion and return for affected persons who come from one of the following groups:

- Childcare attendee or staff
- School attendee or staff
- Health care provider
- Foodhandler

Consult the Health Officer for additional direction in the following situations:

- Standing orders conflict with disease control staff member's clinical judgment
- Case or exposed contacts are HIV infected or otherwise severely immunocompromised
- Two or more cases of the same illness have occurred in the same setting or establishment
- The case has attracted media or other public attention
- Disease control staff otherwise judge that Health Officer input is merited

Please note that it is unlawful for any person afflicted with any contagious or infectious disease that may be transmitted by food or beverage to work in or about <u>any</u> place where unwrapped or unpackaged food and/or beverage products are prepared or sold, or offered for sale for human consumption (RCW 69.06.030). This restriction does not discriminate between persons who handle foods and those who do not. Therefore, this statute calls for complete exclusion of ill establishment staff from foodhandling and foodserving areas--not merely assignment to non-foodhandling duties.

Dominant	Illness or Agent	Standard YHD Control Measures*
Mode of		Standard THD Control Measures
Transmision		
	Unexplained diarrhea (>2	Evaluda until diambaa vamiting and favor have acceed for 24
Enteric	loose or watery stools within	Exclude until diarrhea, vomiting, and fever have ceased for 24 hours or a until non-infectious etiology has been identified and
	a 24 hour period) or	addressed
	unexplained vomiting	ddiessed
	(>1 episode of vomiting	
	within a 24 hour period)	
	Rotavirus	Exclude until symptoms resolved for 24 hours.
	Viral gastroenteritis	
	E. coli (non O157:H7, not	
	SLT producing)	
	Cryptosporidium	
	Cyclospora	
	E. histolytica	
	Giardia	Exclude symptomatics until treatment initiated and symptoms
		resolved for at least 24 hours
	Salmonella (other than	Exclude symptomatics until 24 hours after diarrhea and fever
	serotype typhi)	have ceased. Asymptomatic care providers and food handlers in
	Campylobacter	whom poor hygiene is suspected should be excluded until
	Yersinia	cultures are negative on two separate stool specimens collected
		at least 24 hours apart and at least 48 hours after cessation of
		antibiotics.
	E. coli O157:H7 (or other	Exclude until culture negative on 2 separate specimens collected
	SLT producing)	24 h apart and collected at least 48 hours after last ingestion of
	Shigella	antibiotics.
1	Hepatitis A	Exclude until 7 days after onset of jaundice or, if a milder
		illness, onset of other symptoms (e.g., fever, malaise, abdominal pain, nausea).
D	Massler	
Respiratory Droplet	Measles Magalas avnasura in	Isolate until 4 days after onset of rash.** Exclude until 21 days after exposure.
Бібрісі	Measles exposure in susceptible persons	This exclusion applies only to outbreak settings, caregivers for
	susceptible persons	medically vulnerable persons, and health care providers.
	Mumps	Isolate until nine days after onset of parotid swelling.**
	Rubella	Isolate until seven days after onset of rash.**
	Rubena	Congenital cases should be excluded from child care facilities
		until at least one year of age.
	Pertussis	Isolate until 5 days after initiation of effective antibiotics.**
		Isolate until 21 days after onset if no effective antibiotics have
		been administered.**
<u></u>	Streptococcal pharyngitis	
Respiratory	Streptococcal pharyngitis Varicella	been administered.** Isolate until 24 hours after treatment has been completed.
Respiratory droplets or		been administered.**
	Varicella	been administered.** Isolate until 24 hours after treatment has been completed.
droplets <u>or</u>	Varicella or Herpes Zoster (shingles)	been administered.** Isolate until 24 hours after treatment has been completed. Exclude until all lesions are crusted (at least 5 days).** Exclude from days 8-21 post exposure. Increase exclusion to 28 days if VZIG was given.
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droplets <u>or</u> contact	Varicella or Herpes Zoster (shingles) Varicella exposure in susceptible persons Conjunctivitis Impetigo, staphylococcal, and streptococcal skin	been administered.** Isolate until 24 hours after treatment has been completed. Exclude until all lesions are crusted (at least 5 days).** Exclude from days 8-21 post exposure. Increase exclusion to 28 days if VZIG was given. This exclusion applies only to caregivers for medically vulnerable persons and health care providers. Exclude until symptoms improving after 24 hours on treatment, or (if untreated) symptoms resolved.
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^{*}Exceptions may be considered on a case-by-case basis in consultation with the Health Officer

**These control measures apply to all persons, regardless of their occupational or child care status. Such persons should remain isolated at home

References:

- 1. American Public Health Association. Chin J, ed. Control of Communicable Diseases Manual, 17th edition. Washington, DC: American Public Health Association; 2000:345-347.
- 2. American Academy of Pediatrics. Pickering LK, ed. 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2000:262-272.
- 3. Revised Code of Washington 70.05.070. Local health officer -- Powers and duties.
- 4. Washington Administrative Code 246-101-505 Duties of the local health officer or the local health department.
- 5. WAC. Chapter 246-110. Contagious Disease—School Districts and Day Care Centers.
- 6. WAC. Chapter 246-217. Food Worker Cards.
- 7. WAC. Chapter 246-215. Food Service.
- 8. RCW.Chapter 69.06. Food and Beverage Establishment Workers' Permits
- 9. WAC 246-100-186 Special settings -- Health care facilities.
- 10. WAC 246-101-410 Responsibilities of food service establishments.
- 11. WAC 246-101-415 Responsibilities of child day care facilities.

Attachment: Relevant Statutes and Rules from Washington State Law

RCW 70.05.070

Local health officer -- Powers and duties.

The local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:

- (1) Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030, the confidentiality provisions in RCW 70.24.105 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;
- (2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;
- (3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;

WAC 246-110-010 Definition. As used in this portion of these regulations, these terms shall mean:

- (1) "Contact" means a person exposed to an infected person, animal, or contaminated environment which might provide an opportunity to acquire the infection.
- (2) "Exposure" means such association with a person or animal in the infectious stage of a disease, or with a contaminated environment, as to provide the opportunity to acquire the infection.
- (3) "Susceptible" means a person who does not possess sufficient resistance, whether natural or induced, to a pathogenic agent or disease to prevent contracting that disease when exposed thereto.
- (4) "Communicable disease (contagious disease)" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air. Communicable (contagious) diseases include, but are not limited to:
 - (a) Chickenpox
 - (b) Conjunctivitis (bacterial)
 - (c) Diphtheria
 - (d) Giardiasis
 - (e) Hepatitis A
 - (f) Invasive Haemophilus influenza disease (excluding otitis media)
 - (g) Measles
 - (h) Meningitis (bacterial)
 - (i) Mumps
 - (i) Pediculosis
 - (k) Pertussis
 - (l) Rubella
 - (m) Salmonellosis
 - (n) Shigellosis
 - (o) Tuberculosis
- (5) "School" means each building, facility, and location at or within which any or all portions of a preschool, kindergarten and grades one through twelve program of education and related activities are conducted for two or more children by or in behalf of any public school district and

by or in behalf of any private school or private institution subject to approval by the state board of education.

- (6) "Day care center" means an agency which regularly provides care for a group of children for periods of less than twenty-four hours and is licensed pursuant to chapter 74.15 RCW.
- (7) "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

[Statutory Authority: RCW <u>43.20.050</u>. 91-02-051 (Order 124B), recodified as § 246-110-010, filed 12/27/90, effective 1/31/91; 90-21-056 (Order 095), § 248-101-021, filed 10/15/90, effective 10/15/90.]

WAC 246-217-060 Revocation of food worker card. The food worker card may be revoked by the local health officer, or by the secretary, upon evidence indicating repeated or continuing violations of accepted procedures and practices in the preparation, service, or storage of food offered for public consumption, or upon demonstration of the presence of a communicable disease in the infectious state, or an infectious condition of potential hazard to the public or to the persons' co-workers, or for falsification of information required for issuance of the card. Any food service worker who has had his/her card revoked shall be ineligible for issuance of another card by any local health officer in the state until the conditions for revocation are appropriately resolved.

WAC 246-215-080 Personal hygiene. (1) Food service workers shall wash their hands, including fingernails, in an approved handwashing facility by applying soap, using warm water, scrubbing thoroughly, rinsing, and then drying, using methods which prevent recontamination:

- (a) Before starting work; and
- (b) During work, as often as necessary to prevent contamination of foods:
- (i) After using the toilet;
- (ii) After handling raw meat, poultry, or aquatic foods;
- (iii) After handling unclean items;
- (iv) After eating or smoking; and
- (v) Before preparing ready-to-eat foods.
- (2) Food service workers shall:
- (a) Wear clean outer garments;
- (b) Maintain a high degree of personal cleanliness; and
- (c) Restrain hair as necessary.
- (3) The food service establishment owner shall ensure bactericidal and viricidal hand rinses are used only in addition to approved handwashing methods.
- (4) The food service establishment owner shall ensure eating or use of tobacco in any form by food service workers is permitted only in designated areas approved by the health officer.
- (5) The food service establishment owner shall provide adequate facilities for the orderly storage of food service workers' clothing and personal belongings.
- (6) The person in charge of the food service establishment shall ensure all food service workers:
 - (a) Comply with the provisions of chapter 69.06 RCW and chapter 246-217 WAC;
- (b) Obtain valid food and beverage service worker permits within thirty days of employment; and
 - (c) Maintain current food and beverage service worker permits.
- (7) The person in charge of the food service establishment must display or file the food and beverage service workers permits, or copies thereof, where they are available for inspection by the health officer upon request.

[Statutory Authority: RCW <u>43.20.050</u>. 92-08-112 (Order 261B), § 246-215-080, filed 4/1/92, effective 5/2/92.]

RCW 69.06.030

Diseased persons -- May not work -- Employer may not hire.

It shall be unlawful for any person afflicted with any contagious or infectious disease that may be transmitted by food or beverage to work in or about any place where unwrapped or unpackaged food and/or beverage products are prepared or sold, or offered for sale for human consumption and it shall be unlawful for any person knowingly to employ a person so afflicted. Nothing in this section eliminates any authority or requirement to control or suppress communicable diseases pursuant to chapter 70.05 RCW and RCW 43.20.050(2)(e).

[1998 c 136 § 4; 1957 c 197 § 3.]

WAC 246-100-186 Special settings -- Health care facilities. Health care facilities shall:

- (1) Adopt written policy and procedures restricting work of employees, staff, students, and volunteers diagnosed to have a communicable disease from direct contact with patients, residents, and recipients of care during the period of communicability when:
- (a) Transmission of the disease to recipients of care or other employees can occur in that particular job environment, and
 - (b) The disease can cause serious illness.
- (2) Permit employees, staff, students, and volunteers to return to work when measures have been taken to prevent transmission of disease if:
- (a) Measures are consistent with recommendations of an infection control committee or equivalent authorized group if existing, and
 - (b) Measures are consistent with recommendations of local health officer.
- (3) Comply with applicable state licensure law and department rules regarding communicable disease screening and control.

WAC 246-101-410 Responsibilities of food service establishments. The person in charge of a food service establishment shall:

- (1) Notify the local health department of potential foodborne disease as required in WAC 246-215-260.
- (2) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of foodborne or waterborne disease. This includes the release of the name and other pertinent information about food handlers diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.
- (3) Not release information about food handlers with a communicable disease to other employees or the general public.

[Statutory Authority: RCW 43.20.050, 00-23-120, § 246-101-410, filed 11/22/00, effective 12/23/00.]

WAC 246-101-415 Responsibilities of child day care facilities. Child day care facilities shall:

- (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of notifiable conditions that may be associated with the child day care facility.
- (2) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary.
- (3) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the child day care facility.
- (4) Child day care facilities shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

[Statutory Authority: RCW <u>43.20.050</u>. 00-23-120, § 246-101-415, filed 11/22/00, effective 12/23/00.]

WAC 246-101-420 Responsibilities of schools. Schools shall:

- (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the school.
 - (2) Cooperate with the local health department in monitoring influenza.
- (3) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary.
- (4) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the school.
- (5) Personnel in schools who know of a person with a notifiable condition shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.
- (6) Schools shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-420, filed 11/22/00, effective 12/23/00.]

WAC 246-101-425 Responsibilities of the general public. (1) Members of the general public shall:

- (a) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of notifiable conditions or other communicable diseases; and
 - (b) Cooperate with the implementation of infection control measures, including isolation and quarantine.
- (2) Members of the general public may notify the local health department of any case or suspected case, or outbreak or potential outbreak of communicable disease.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-425, filed 11/22/00, effective 12/23/00.]

WAC 246-101-505 Duties of the local health officer or the local health department. Local health officers or the local health department shall:

- (8) Conduct investigations and institute control measures consistent with those indicated in the seventeenth edition, 2000 of *Control of Communicable Diseases Manual*, edited by James Chin, published by the American Public Health Association (copy is available for review at the department and at each local health department), except:
 - (a) When superseded by more up-to-date measures; or
 - (b) When other measures are more specifically related to Washington state;